Application	or Docket	Number
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

		CL AIMS A	S EII ED	DADT								
CLAIMS AS				(Column 1)		(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS		21		ļ			RATE	FEE	٦ ٔ	RATE	FEE	
FOR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	+	OR	BASIC FEE	+	
TOTAL CHARGEABLE CLAIMS			2/ minus 20=		• / .			XS 9=	9	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*	*		X43=	10	OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESE				ESENT				+145=	0	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2						ı	TOTAL	394	OR	TOTAL		
	(CLAIMS AS A	MENDE	D - PART	ΓII					_	OTHER	THAN
(Column 1)			Ţ	(Column 2) (Column 3)			SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF M	Minus	PENDENT.	CLAIN	=		X43=		OR	X86=	
				ENDERT	CLAIM		1	+145=		ÓR	+290=	
	•				•			TOTAL		OR .	TOTAL	
		(Column 1)		(Colum	- O\	(C=1, 0)	Α	DDIT. FEE			DDIT FEE	
_		CLAIMS		HIGHE		(Column 3)	1 -			1 6		
ENT B	·	REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	ree
AME	Independent	*	Minus	*** .	·	=		X43=	`.	OR	X86=	
	PIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
							L	TOTAL		L	TOTAL	
				· ·			AE	DIT. FEE		OR A	DDIT. FEE	
T		(Column 1)		(Column		(Column 3)		· ·				
ENIC		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*	Minus	414		=		X\$ 9=	,	OR	X\$18=	FEE
ME	ndependent		Minus	***		=		V42				
	FIRST PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM			X43=		OR	X86=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
11	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."						ADI	TOTAL DIT. FEE	• .	OR A	TOTAL DIT. FEE	
, TI	ne "Highest Numb	per Previously Paid	For" (Total or	o SPACE is le Independent	ess than) is the I	3, enter *3.* nighest number			opriate box	in colur	nn 1.	